

**RHM-1 Hotel Operators' Occupation Tax Return**

Do not write above this line.

Registration number: _____

Liability period: _____

Due by: _____

Name: _____

Is this an amended return? ☐ yes ☐ noAddress: _____
Number and streetIs this a final return? ☐ yes ☐ no

(See instructions.)

If "yes," check the appropriate box.

☐ Sold business☐ Discontinued business

City _____ State _____ ZIP _____

Date business was sold or discontinued:
(See instructions.)_____/_____/_____
Month Day Year**Step 1: Write your taxable receipts****1** Total receipts (include tax) **1** _____**Step 2: Figure your total deductions****2** Local tax deduction **2** _____**3** Other deductions
(Non-itemized deductions will be disallowed.)

Description	Amount
_____	_____
_____	_____
_____	_____

Total other deductions **3** _____**4** Total deductions **4** _____
(Add Lines 2 and 3.)**Step 3: Figure your subtotal base****5** Subtotal base **5** _____
(Subtract Line 4 from Line 1.)**Step 4: Figure your MPEA Hotel Tax**Complete **only** for hotels located in Chicago.**6** MPEA Hotel Tax collected **6** _____
(Or multiply Line 5 by **.02234**.)**Step 5: Figure your taxable base****7** Taxable base **7** _____
(Subtract Line 6 from Line 5.)**Step 6: Figure your tax****8** State tax **8** _____
(Multiply Line 7 by **.0564**.)**9** Chicago taxes **9** _____
(Multiply Line 7 by **.05235**.)**10** Total tax **10** _____
(Add Lines 8 and 9.)**Step 7: Figure your discount****11** If you filed and paid on time, **11** _____
multiply Line 10 by **.021**.**12** Net tax due **12** _____
(Subtract Line 11 from Line 10.)**Step 8: Figure your payment due****13** Credit memorandum **13** _____
(See instructions.)

Credit no. Credit amount

_____	_____
_____	_____
_____	_____

14 Payment due **14** _____
(Subtract Line 13 from Line 12.)

Make your check payable to "Illinois Department of Revenue."

Step 9: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

_____/_____/_____
Paid preparer's signature Phone Date_____/_____/_____
Taxpayer's signature Phone DateMail this return and any payment you owe to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019

If you have any questions, call 217 782-6045.